

215037248  
60140

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 005	Agency Case No. B5-084917	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/13/2015		(In Military Time) TIME OF ACCIDENT 1125		STATE USE ONLY  09/13/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1130	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B 66	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Touzalin Ave			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY Logan Ave			IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13414254			STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 6	DRIVER	VICTORIA E TRAUDT			PHONE 4024999443	LOCAL NO.
V2/N 1	DRIVER ADDRESS	6244 COLBY ST, LINCOLN, NE 68505			DATE OF BIRTH (MM / DD / YYYY) 05/29/1993	V1/1 18
G 4	OWNER	Victoria E Traudt			PHONE 4024999443	LOCAL NO. V1/2
H 2	OWNER ADDRESS	6244 Colby, Lincoln, NE 68505			CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB478336 V1/3
V1/O 1	LICENSE PLATE NO.	2010 Chevrolet Impala			YEAR (Plate Expires) 2016	STATE (Of Plate) NE
V2/O 1	VEHICLE	2010 Chevrolet Impala			COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1200 V1/4
I 1	VEHICLE ID NO. (VIN)	2G1WA5EK3A1131081			INSURANCE COMPANY Progressive Northern	V1/5 18
J 01	TOWED TO	TOWED BY			POLICY NO. 903861685	V1/6 25
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.	H13043390			STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/P 1	DRIVER	GARY D HANSEL			PHONE 4024505753	LOCAL NO. V2/1 18
J 01	DRIVER ADDRESS	4727 KNOX ST, LINCOLN, NE 68504			DATE OF BIRTH (MM / DD / YYYY) 07/12/1971	V2/2 18
K 03	OWNER	JENNIFER E HANSEL			PHONE 4024505753	LOCAL NO. V2/3 35
V1/Q 4	OWNER ADDRESS	4727 Knox St, Lincoln, NE 68504			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.
V2/Q 4	LICENSE PLATE PA NO.	SBS911			YEAR (Plate Expires) 2016	STATE (Of Plate) NE
V3/Q 4	VEHICLE	2000 Dodge STS			COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1200 V2/4 18
V4/Q 03	VEHICLE ID NO. (VIN)	1B3EJ56H5YN226189			INSURANCE COMPANY Northstar Mutual Insurance	V2/5 35
V5/Q 03	TOWED TO	TOWED BY			POLICY NO. 000079140	V2/6 35
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

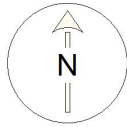
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

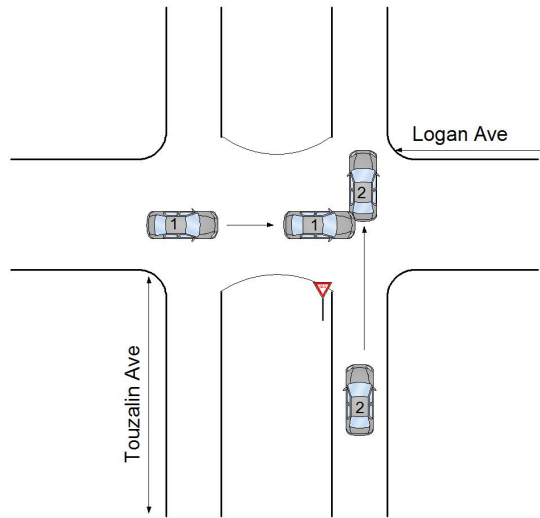
AGENCY CASE NO.  
**B5-084917**



Indicate  
North  
by Arrow



POI (approx)  
13'2 W of E curb of  
Touzalin  
8' N of S curb of Logan



*Not To Scale*

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D2 stated he was NB on Touzalin Ave, at about 35mph, approaching Logan Ave when he realized Veh1 was EB and appeared as though she was going to enter his lane. D1 had a yield sign but D2 said she entered the intersection and collided with his vehicle. He attempted to take evasive action but could not avoid the collision. D1 said she was EB on Logan crossing Touzalin and checked right but did not check left, or NB traffic. She entered the intersection and she collided with Veh2.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		
1			X		Logan Ave		POINT OF IMPACT	08	POINT OF IMPACT	06	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		
2	X				Touzalin Ave		POINT OF IMPACT	08	POINT OF IMPACT	06	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		
1	01	06 Turning left				MOST DAMAGED AREA		08	MOST DAMAGED AREA		06	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>			
2	01	08 Entering traffic lane				MOST DAMAGED AREA		08	MOST DAMAGED AREA		06	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> 01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right </div> <div> 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown </div> </div>						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">02</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">03</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">04</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">01</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">05</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">08</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">07</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">06</div> </div>		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		BAC LEVEL		ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. <b>1294</b>	TROOP/ TEAM/ BEAT <b>2</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Cameron Cleland</b>		INVESTIGATOR SIGNATURE <b>Approved by Cameron Cleland</b>	
DATE OF REPORT <b>09/13/2015</b>			